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U.S. and Afghan troops were conducting a night raid in southern Afghanistan last fall when a young Army specialist named Chazray Clark stepped on a buried bomb; the explosion sheared off his legs and most of his left arm. His comrades stanching the bleeding and radioed for a helicopter evacuation. Then they waited. And waited. And waited. An Army rescue helicopter arrived 47 minutes after the blast, but it was too late. Clark died of blood loss on an operating table less than an hour later.

Michael Yon, a Green Beret-turned-freelance writer, was embedded with the unit and saw the incident unfold. Later, when he began to look into what happened, he found that an Army Medical Evacuation, or Medevac, helicopter had loitered at a nearby base but couldn't take off because it was waiting for an armed escort to the site. The Army says that its Medevacs are emblazoned with the red-cross symbol, so they abide by the Geneva Conventions that bar ambulances from carrying weapons and designate medics as noncombatants. Army officials also say that the helicopters are too laden with medical equipment to carry the added weight of guns, gunners, and ammunition.

But Yon concluded that Clark would almost certainly have survived if the Medevac had arrived sooner—fighting its way in if necessary—rather than waiting for an escort. U.S. Air Force, Marine, and British helicopters conducting medical missions carry weaponry and fly without the red-cross markings. Maybe, Yon argues, it's time for the Army to follow suit. "The kid shouldn't have died," he says.

After writing about the issue, Yon recruited an array of congressional lawmakers who agreed with his point of view. Seventeen members, led by Rep. Todd Akin, R-Mo., wrote to Defense Secretary Leon Panetta earlier this year. "This policy may contribute to unnecessary delays in transporting our most critically wounded soldiers and Marines to appropriate medical care," the letter said. "Our concern is ... that Pentagon policy decisions are needlessly restricting this medical care or are limiting the ability of commanders to evacuate the wounded."

The Pentagon has spent years perfecting the "Golden Hour," a system designed to get wounded troops to specialized trauma centers within 60 minutes of an injury. The protocols call for stabilizing wounded troops on the battlefield and flying them to large military hospitals; for Clark, that was Kandahar Airfield in eastern Afghanistan. The system has worked astoundingly well: 92 percent of soldiers and Marines wounded in Afghanistan survive their injuries, the highest rate in military history. Last year, Army Medevac crews in Afghanistan took an average of just 39 minutes to pick up wounded troops and transport them to a military hospital, five minutes faster than in 2010. During the Vietnam War, it routinely took hours to pick up wounded troops, particularly when firefights were raging on the ground.

Officials won't say if Clark's death was an isolated tragedy; the military does not disclose whether other wounded troops have died waiting for rescue helicopters. But the young soldier's death has nevertheless sparked a movement on Capitol Hill to change the Army's medical-evacuation policy, and the congressional pressure has forced senior military officials to reconsider how they dispatch helicopters to retrieve casualties from the battlefield. The

Pentagon is justifiably proud of its 92 percent survival rate, but the death of Spc. Clark has people thinking that figure could be even higher.

THE POLICY

The military has relied on helicopters to rescue wounded troops since Vietnam, because choppers can reach remote regions (particularly crucial in a counterinsurgency campaign) quickly. The wars in Iraq and Afghanistan, however, pose unique challenges. In Iraq, scorching temperatures and roaring sandstorms caused an array of mechanical problems, routinely grounding the aircraft. In Afghanistan, helicopters must often fly long distances to reach wounded troops; moreover, the country's steep mountains and deep valleys make navigation difficult and limit how much fuel and equipment each chopper can carry.

Local conditions, however, aren't the only problem. The Army is the only service with helicopters fitted with the proper medical equipment to treat wounded troops while still in the air; it handles the bulk of flights to rescue battlefield casualties. Army officials say that the helicopters function like flying ambulances—and are therefore subject to the rules of war that bar ambulances from carrying weapons and require them to bear the red cross. "Removing the red cross has legal ramifications in regards to Geneva Convention protections," an Army task force wrote in an internal assessment of evacuation policies in eastern Afghanistan obtained by National Journal. "The aircraft is already operating on the margin (max performance) in Afghanistan, and the two additional crew members, along with the guns and ammo, would severely restrict the aircraft in most of the mountainous regions of Afghanistan."

Many lawmakers and active-duty troops disagree. The Army maintains the only helicopters specifically equipped with medical equipment, they note, but the wounded troops loaded onto Marine, Air Force, and British choppers routinely receive trauma treatment in the air. And those aircraft are armed, allowing them to plow their way into firefights.

Enemies may shoot back, but it's not because these helicopters lack the red cross. In a guerrilla campaign, the Geneva Conventions do not apply. CBS News reported in January that Army medical helicopters bearing the cross came under fire 57 times in one six-month period in 2011. "The enemy doesn't in any fashion respect noncombatants," an Air Force pilot who flies armed helicopters for casualty-evacuation missions in Afghanistan wrote in an e-mail interview. (He spoke about military policy on the condition of anonymity.) Rescue personnel, he noted, are being "sent into combat unarmed (except for personal weapons) and brightly marked, against an enemy that is actively and relentlessly engaging them. This, in my opinion, is an endangerment to the crew."

Those arguments are gaining traction on Capitol Hill. Akin told Panetta that his staff had found other cases in which Medevac helicopters had to wait to take off because no escorts were available—delays that can endanger the lives of badly wounded troops. In the letter to the Defense chief, he and his colleagues noted that other services "fly similar (if not, at times, identical) missions with armed and unmarked helicopters." The lawmakers asked Panetta for data on how the response times and survival rates for the Army's helicopters compare with those carrying weaponry and no red cross used by the other services. The Pentagon hasn't provided the data, so it is impossible to know whether Clark's case was an isolated failure or part of a broader problem.

Gen. Martin Dempsey, the chairman of the Joint Chiefs of Staff, responded to the lawmakers that the military was conducting a full review of Clark's death as well as launching a broader study of whether medical helicopters should require armed escorts. "It is a misperception that

delays in evacuation are caused by the policy to mark Medevac with red crosses,” Dempsey wrote. He, like other senior commanders, also stressed that the Army is the only service specifically tasked with Medevac missions. Its choppers are required to carry specialized medical equipment and are staffed with crew members who know how to use it. Col. Dave Lapan, a spokesman for Dempsey, said that the Clark probe should be completed this summer but added that it was premature to conclude he had died because of a delay in getting him into surgery.

That may be part of the problem. Because the Army has faced a constant shortage of functional helicopters in Afghanistan, the British military or the Air Force’s elite pararescue units, known as Pedros, carry out large numbers of medical-rescue missions. Pedros fly heavily armed helicopters that don’t carry the red-cross symbol. (In 2010, NBC aired footage of a Pedro team in southern Afghanistan evacuating a British soldier who had been shot in the neck. The crew gave him pain medication, fluids, and oxygen. He survived. The network reported that Pedro teams had flown 600 missions over the previous six weeks, saving 150 lives.) The Pedro choppers are just modified versions of the Black Hawks used by Army Medevac units, raising questions about the Army’s contention that Medevacs can’t handle the weight of both medical equipment and weapons.

Congress is losing patience. The House Armed Services Committee is considering an amendment to the massive National Defense Authorization Act that would require the Pentagon to conduct a formal review of the Army’s medical-evacuation policies, according to a committee staffer familiar with the deliberations. The amendment would also require the Pentagon to quantify how the survival rates of troops such as Clark compare with those evacuated by the Air Force, Marines, or British military, the staffer said.

THE WAIT

Chazray Clark enlisted in the Army in September 2009, after high school, where he played football, basketball, and baseball, according to a later account in the Detroit Free Press. He met his wife, Christina, in 2003, when they both worked at KFC. He was 17. She was 24 and the mother of a 2-year-old boy. "My brother was the manager and told Chaz not to talk to me because I was older than him," she says. They were married in February 2010, and moved to Kansas so that Clark could learn how to disable IEDs and other bombs. Clark raised Christina's son like he was his own. He deployed to Afghanistan two weeks after their first wedding anniversary.

Yon met Clark three days before his death and even shared a tent with the young soldier. When the bomb went off, Yon started filming. His camera, outfitted with an infrared lens, swathed the scene in a green tint. The video starts with the sound of falling debris. A soldier in the distance shouts, "I need a medic! Medic!" A few minutes later, another soldier yells out Clark's status: "We got a triple amputee, still conscious."

The soldiers put Clark on a stretcher and carried him toward a flat piece of farmland for the rescue helicopters that they assumed would arrive within minutes. Lt. Col. Mike Katona, Clark's commanding officer, tells Yon he's confident that the young soldier will survive. "He's doing good; he's gonna make it," Katona says. "He's got three good tourniquets on."

For now, Clark is conscious and talking, despite his wounds. He lifts his head to complain about the pain. "It hurts," he says, his voice wavering. "I need something, man. I need something."

As the wait drags on, Katona grows increasingly frustrated by the long delay. “These fucking birds can’t get here fast enough,” the commander tells his radioman. “Hey, what time did you make that call?”

“It’s been over 30 minutes, sir,” the soldier replies.

The helicopter finally landed, 47 minutes after the IED blast. It took 12 minutes to pack Clark inside and fly him to the Kandahar Airfield, and then several more minutes to rush him to its hospital. There, he died on the operating table. Thousands of other troops have survived similar wounds, and Christina Clark says that her husband should have been one of them. “It just eats me up,” she says.

Clark had spoken to his wife over Skype just hours before he left on his final mission; he tried to call her a second time that night, but she missed the call by three minutes. She assumed they would speak when he got back. Instead, Christina Clark saw two men in uniforms slowly walk up her front steps.

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<http://www.nationaljournal.com/member/magazine/some-men-left-behind-20120510>

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